PTO/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Under the Paperwork R. PATEN				ION	RECORD	nformation un	less it dis	DEPARTMENT	OF COMMERCE	
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY			OR	OR OTHER THAN SMALL ENTITY		
FOR BASIC FEE	NUMBER FIL	ED N	UMBER EXTRA	]	RATE (S)	FEE (\$)	]	RATE (S)	FEE (\$)	
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE	<del> </del>			┛		150.00	5		300 00	
(37 CFR 1.16(k), (i), or (m))				ŀ			7		1	
EXAMINATION FEE (37 CFR 1.15(o), (p), or (q))				7			7		<del> </del>	
TOTAL CLAIMS (37 CFR 1.16(1))	mlni	s 20 = ·		1	× 25 =		١	<del> </del>	<del> </del>	
INDEPENDENT CLAIMS (37 CFR 1.16(h))		us 3 = '		1		<del> </del>	OR	× 50 =		
	If the specificat	ion and drawin	gs exceed 100	11	× 100 =	<del> </del>	4	* 500 =		
APPLICATION SIZE	sheets of paper is \$250 (\$125 f	, the application	n size fee due	П	•	1				
(37 CFR 1,16(s))	additional 50 st	eets or fractio	n thereof See	П			1			
MIR YIDI E DEDENING	35 U.S.C. 41(a)		CFR 1.16(s).	┨ ╏	+ 180	<b>_</b>	1	4360		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							_			
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		7	TOTAL		
APPLICATION AS AMENDED - PART II							_	·ome	<u> </u>	
								07:		
(Column 1) (Column 2) (Catumn 3)  CLAIMS HIGHEST				, ,	SMALL	ENTITY	OR -	OTHER		
	MAINING AFTER	NUMBER PREVIOUS	PRESENT		RATE (\$)	ADDI-		RATE (\$)	ADDI-	
Z JOIN AME	NDMENT Minus	PAID FOR		ΙL		FEE (\$)			TIONAL FEE (\$)	
2 (37 CFR 1.156)) 4 O Independent	9	00	=	H	× 25 =		OR	x 50:	, , , , ,	
Z (37 OFR 1 15(h))	Minus	ت			× 100 =			x 7000	<del></del>	
							OR	r 200		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())					+ 180		OR	+ 360		
0 1					TOTAL			TOTAL		
19Ct (Col	umn 1)	(Cotumn 2	1 (Ca) a	•	ADD'L FEE		OR	ADD'L FEE		
CL	AIMS AINING	HIGHEST		Г			ı			
- K/1//W/	TER IDMENT	PREVIOUSLY	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL	j	RATE (\$)	ADDI-	
Total	Minus	PAID FOR	<del>                                     </del>	-		FEE (S)	.		TIONAL FEE (\$)	
Independent (37 CFR 1.16(h))	Minus		<del>                                     </del>	Ľ	25 -		OR	x 50=	7	
Application Cine Co. 10		3	1/	×	100=	/	OR	× 200 =		
Application Size Fee (3) CFR 1.16(s))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(j))					<del></del> -T	-				
ALECCHIATION OF MOLTIPLE DEPENDENT CLAIM (37 CFR 1.15())						/	OR	7360		
				A	OTAL DO'L FEE	′ ]	OR	TOTAL		
If the entry in column 1 if If the "Highest Number I" If the "Highest Number P					/ L			AOD'L FEE .		
"If the "Highest Number Pr The "Highest Number Pr	reviously Paid For	IN THIS SPACE	: is less than 20, e is less than 3, ent	nle <i>i "2</i> er "3".	20°. (					

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the inctuding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.